Substitute for form 1449/PTO  INFORMATION DISCLOSURE STATEMENT BY APPLICANT					Complete if Known								
				Application Number 10				10/71:	0/715,765				
SIAIE.VIENI BY APPLICANI (use as many sheets as necessary)					Filio	First Named Inventor ]  Art Unit ;				11/18/2003  Robert E. Sinclair  2654  Myriam Pierre			
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Examiner	Cite	Document Number  Number - Kind Code <sup>2</sup> (if known)			Publication Date MM-DD-YYYY			Name of Patentee or Applicant of Cited Document					
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Examiner Date Considered Signature \* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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